



# State of Arizona

## Department of Health Services

### Request For Grant Application (RFGA)

**RFGA Number:** **HR754081**

**RFGA Due Date / Time:** **March 6, 2007** at 3:00 P.M. Local Time

**Submittal Location:** Arizona Department of Health Services  
1740 West Adams Street, Room 303  
Phoenix, Arizona 85007

**Description of Procurement:** **Ryan White Title II HIV Care and  
Services Program – Outpatient Medical Care in  
Yavapai and Gila Counties**

<b>A Pre-Application Conference:</b>	<b>Wednesday, February 7, 2007</b>	<b>9:30 a.m.</b>	<b>1740 West Adams Room 309</b>
	<i>Date</i>	<i>Time</i>	<i>Location</i>

In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications to provide materials or services specified will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited.

Applications must be in the actual possession of the Arizona Department of Health Services, Procurement Office on or prior to the time and date, and at the submittal location indicated above. ***Late Applications will not be considered.***

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the RFGA Contact Person.

***APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.***

#### **Grant Solicitation Contact Person:**

Dee Vlahos

Name

State Government Administrator

**Tel:** (602) 364 – 1482

**Email:** [vlahosd@azdhs.gov](mailto:vlahosd@azdhs.gov)

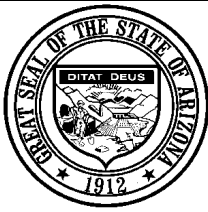
Telephone Number / Email

Date

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**GRANT APPLICATION**  
**RFGA NO.: HR754081**

Arizona Department of Health Services  
1740 W. Adams, Room 303  
Phoenix, Arizona 85007  
(602) 542 - 1040  
(602) 542 - 1741 (Fax)

The Undersigned hereby applies and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: \_\_\_\_\_

Applicant's Federal Employer Identification Number: \_\_\_\_\_

Applicant's Name

Name of Person Authorized to Sign Application

Street Address

Title of Authorized Person

City State ZIP Code

Signature of Authorized Person Date

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Acknowledgement of Amendment(s): (Applicant acknowledges receipt of amendment(s) to the Request for Grant Application and related documents numbered and dated)	Amendment No.	Date	Amendment No.	Date
	_____	_____	_____	_____
	_____	_____	_____	_____

**ACCEPTANCE OF APPLICATION AND GRANT AWARD**  
(For State of Arizona Use Only)

Your Application, dated \_\_\_\_\_, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number: **HR754081**

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this Grant until you receive an executed purchase order, Grant release document, or written notice to proceed, if applicable.

**State of Arizona**

Awarded this \_\_\_\_\_ day of \_\_\_\_\_ 2007.

\_\_\_\_\_  
State Government Administrator

## INTRODUCTION: Statement of Purpose

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### STATEMENT OF PURPOSE

**BACKGROUND:** The Office of HIV/STD/Hepatitis C Services (OH/S/H) in the Arizona Department of Health Services has the responsibility for administering the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (RWCA) Title II funds provided by the U.S. Department of Health and Human Services (DHHS) who administers the Title II program through the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), and the Division of Service System (DSS). The entire CARE Act can be accessed at <http://hab.hrsa.gov/law.htm>.

A comprehensive continuum of care includes primary medical care, HIV-related medications, mental health treatment, substance abuse treatment, oral health care and case management services that assist PLWH (People Living with HIV) in accessing treatment of HIV infection that is consistent with Public Health Service (PHS) Treatment Guidelines (current treatment guidelines are available at [www.AIDSinfo.nih.gov](http://www.AIDSinfo.nih.gov)). Comprehensive HIV/AIDS care beyond these core services also includes access to other health services (e.g. home health care, nutritional, and rehabilitation service). In addition, this continuum of care may include supportive services that enable individuals to access and remain in primary medical care (e.g. outreach, transportation, treatment adherence, child welfare services, and health education/risk reduction).

The funds are provided to State Health Departments to implement elements of a statewide comprehensive HIV Care and Services Program through regional planning bodies/consortia and direct service contracts. Arizona has four Title II CARE regions: the Northern HIV/AIDS Forum region managed by the ADHS; the Pima County HIV/AIDS CARE Consortium and the Southeastern HIV/AIDS Care Consortium, both facilitated by the Community Foundation for Southern Arizona; and the Western Direct Services region administered by the Yuma County Health Department. The RWCA is the payor of last resort, and it provides HIV care and services to people who are either uninsured or underinsured.

In preparing all responses to this Request for Grant Application (RFGA), applicant should consider how efforts at the local level are consistent with the Ryan White CARE Act of 2000 which emphasizes the use of funds to address the service needs of "individuals who know their HIV status and are not receiving such services and for informing individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities" Section 2602 (b)(4)(D)(i). For more details, see the Letter of Authorization on Early Intervention Services <http://ftp.hrsa.gov/hab>.

Moreover, in developing your application you should consider the HIV/AIDS Bureau (HAB) Guiding Principles indicated below that have significant implications for HIV/AIDS care services planning.

- The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations;
- The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV disease;
- Changes in the economics of health care are affecting HIV/AIDS care network; and
- Outcomes are critical components of program performance.

Lastly, Title II funds must be used in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau. These policies can be reviewed on the HAB website at <http://hab.hrsa.gov>.

**Outpatient Medical Care (OMC)** is defined by HRSA as "the provision of professional, diagnostic, and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient, community-based, and/or office-based setting." The Office of HIV/STD/Hepatitis C Services (OH/S/H) is to fund an OMC program for people living with HIV/AIDS who reside in Yavapai and Gila Counties and who do not have any other means for paying for their necessary outpatient medical care, including HIV specialty care. According to HRSA, this includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health and nutritional issues,

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minor surgery and assisting at surgery, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care.

*Primary Medical Care for the Treatment of HIV Infection*, a HRSA document, includes the provision of care that is consistent with Public Health Service (PHS) guidelines. Such care must include access to antiretrovirals and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

There are approximately 60 people living with HIV/AIDS that are currently requiring OMC services through the Ryan White CARE Act Title II funds that would need to have their coverage met by this contract. However, the recipient of these grant funds will need to have the capacity to care for more clients if people living with HIV require access to care in Yavapai and Gila Counties. HIV-infected individuals have diverse and complex needs arising as a result of a positive HIV diagnosis. Access to primary medical care is essential in order to sustain a healthy life.

The total amount available under this Request for Grant Application is estimated to be \$71,456 to provide services to all clients who are eligible for outpatient medical care through the Northern HIV care and services programs.

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## WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

### Program Mission/Goals

The mission of the HIV Care and Services Program is to build equitable, integrated paths of care for HIV/AIDS affected Arizonans.

The shared vision of the Arizona stakeholders for the Title II Care and Services Program is a sustained and continuously improved care delivery pathway that is integrated, consistent, accessible, appropriate and affordable.

The Values shared by the Arizona stakeholders are:

- HIV/AIDS care for affected Arizonans is integrated and coordinated.
- HIV/AIDS care for affected Arizonans treats the person not the disease.
- All affected Arizonans can “stay put and stay well.”
- HIV/AIDS care is appropriate to age, culture, and sexual orientation.
- HIV/AIDS care is affordable for all affected Arizonans.

The following goals have been identified to support this mission.

- Goal 1:** All affected Arizonans have access to integrated, consistent, accessible, appropriate, and affordable care.
- Goal 2:** All HIV/AIDS consumers receive needed, affordable medication.
- Goal 3:** All HIV/ AIDS consumers in need of care are entered into care.
- Goal 4:** Accurate and timely descriptions and assessments of the HIV/AIDS affected communities in Arizona are available to stakeholders.
- Goal 5:** Accurate and timely assessments of delivered care to the HIV/AIDS affected communities in Arizona are available to stakeholders.
- Goal 6:** Accurate and constructive planning and evaluating mechanisms are available.

Grantees may utilize service delivery and contracting methods that are appropriate for the demographics and particular characteristics of their community to achieve program outcomes related to the goals above, and to the provision of care consistent with PHS guidelines. The funded program will include providing OMC coverage to people living with HIV/AIDS who are Yavapai or Gila county residents, or residents from other Northern counties that choose to transport themselves to Yavapai or Gila county for medical care. As the payor of last resort, the RWCA funds can only be used for eligible clients who are uninsured or underinsured, and who meet financial, residential, and other eligibility requirements.

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Proposals must fully describe the service type and modality (lab, office visits) and the goals and objectives of each support modality proposed. If applicable, minority subpopulations must be specified as well as targeted audience (i.e., HIV-infected women, etc.)

Culturally and linguistically appropriate services are very important needs for the HIV population. Many individuals do not publicly self-identify as HIV positive. Barriers to service for people living with HIV include the general lack of services in languages other than English, and lack of understanding by the providers of the social context in which they function.

The consequences of poor access to services can be detrimental to the health and well-being of these individuals. Further, advances in HIV treatment have shown the health benefits of entering into and maintaining in HIV services. Applicants must demonstrate how they will document facilitation of services and increase treatment utilization.

Ryan White CARE funds are available to provide primary medical care services, which include but are not limited to:

- Diagnosis and treatment of HIV;
- Prophylaxis and treatment of opportunistic infections related to HIV infection;
- Prescribing of anti-retroviral therapies;
- Laboratory testing, including semi-annual viral loads, CD4 and genotypic testing;
- X-rays and other medically-related tests;
- Cervical cancer screening and colposcopies;
- Pain management;
- Other medically-related treatment pertinent to HIV infection.

### **Allowable Uses of Funds for Service Categories**

The following provides clarification on HRSA's guidance around allowable uses of funds. For additional information on allowable use of Title II funds, review HRSA's Division of Service Systems Program Policy Guidance No. 2 Allowable Uses of Funds for Discretely Defined Categories of Services Formerly Policy No. 97-02, First Issued: February 1, 1997, June 1, 2000 at <http://hab.hrsa.gov/law/dss2.htm>.

Ryan White Title II funds are not available for prevention education such as: basic HIV-education, addressing sexually-transmitted diseases or condom distribution. Education-related activities in this service category must be directly linked to increasing access of the target populations to HIV care services.

- Funds may not be used:
  - To purchase or improve any building or other facility;
  - For items or services that have already been paid for, or can reasonably be expected to be paid for any by another source;
  - To pay for automobile parts, repairs, or maintenance;
  - To make cash payments to people receiving services under the RWCA;
  - To pay for pet care or supplies;
  - To purchase tobacco or lottery tickets;
  - To be used for mortgage payments;
  - To cover the costs of funeral, burial, cremation or other related expenses;
  - To purchase clothes;
  - To support legal services for criminal defense;
  - To pay property tax;
  - To support research; or
  - To support fundraising activities.

Proposals should fully describe how services will be conducted, modes of communication, what referral arrangements have been made, and how services will be coordinated with other Ryan White, Medicare/Medicaid, or CDC funded

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providers of this service. Proposals must also address how individuals will be linked with oral health care, case management services and necessary treatment issues as they arise.

OMC program applicants are eligible if they can provide the following information: 1) cost per client, 2) medical coverage for procedures, and 3) use of medically accurate information and data in accordance with current public health practices.

### **ELIGIBLE APPLICANTS**

Eligible applicants for awards under this grant include public or non-profit health and social services providers, medical care providers, community-based organizations, HIV/AIDS service organizations, academic entities, and city, county, state, federal governmental units. The CARE Act Amendments of 1996 provide for contracting with for-profit entities under certain limited circumstances. Specifically, the amendments allow Title II funds to be used to provide direct financial assistance through contracts with private for-profit entities if such entities are the only available provider of quality HIV care in the area (Sec 2604(b)(2)(A); Section 2631(a)(1). Applicants are prohibited from serving as conduits to pass on their awards to for-profit entities.

All services must be directed to enhance the delivery of services to persons living with HIV. These funds may not be used for prevention services.

All services must be directed to enhance the delivery of services to persons living with HIV. These funds may not be used for prevention services.

Joint proposals from coalitions of agencies and organizations are allowable.

In all cases, a lead agency (as prime applicant) must be identified. All proposals in response to this RFGA which include the use of subcontractors must be submitted by a lead agency.

All providers must have documented evidence to substantiate referral relationships on an ongoing basis. All applicants must submit any written agreements with other organizations/entities that serve the community of persons living with HIV and are 1) service providers and/or 2) points of entry or access to HIV services and shall provide copies of such agreements, to include details of each agency's/organization's roles and responsibilities, with each application.

To be eligible for funding, an applicant must:

- Have specific experience serving the targeted population; and
- Assure that clients will have access to a culturally-diverse program staff reflective of the population targeted.



# INSTRUCTIONS

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## **SPECIAL INSTRUCTIONS TO APPLICANTS**

### **1. Pre-Application Conference:**

Prospective applicants are invited to attend a pre-application conference. The date, time and location of this conference are indicated on the cover page. This conference will be to clarify the contents of this request for applications and any apparent omission or discrepancy should be presented to the Department at this conference. The Department will then determine the appropriate action necessary, if any and may issue a written amendment to the request for grant applications. Oral statements or instructions shall not constitute an amendment to this request for applications.

NOTE: Prospective Applicants may participate in the Pre-Application Conference either in person or via teleconference, by dialing (602) 542-0914. Please RSVP via email to the ADHS Procurement Office to [vlahosd@azdhs.gov](mailto:vlahosd@azdhs.gov) no later than Friday, February 2<sup>nd</sup>, 2007. Please be prompt and call at 9:30 a.m. but not before. The speaker on the phone should be engaged prior to dialing. Please do not use the hold button during the call, as it will disconnect all parties. Once dialed in, please announce the company and name of the participant then place the call on mute. If a party needs to step away for any length of time, they may hang up and dial in again.

### **2. Application Opening:**

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read at this time. After Grant award, the applications and evaluation documents shall be open for public inspections.

### **3. Evaluation Criteria:**

Grant Applications will be evaluated according to the Grant requirements per A.R.S. §41-2702 F. The criteria are listed in the relative order of importance and are based on the following:

- Narrative Executive Summary and the Scope/Logic Model "TASKS Methodologies" to perform and complete the work.
- Experience/Expertise/Reliability and Qualifications based on background, history, track record, organization chart, financial statement, staff resumes, and letters of support.
- Resources: Ability to perform services as reflected by availability and suitability of staff resources
- Collaboration as demonstrated with memorandums of understanding, sub-contracts and letters from collaborative agencies describing support of the proposed partnership.
- Cost: Itemized Budget and budget justification and price sheet showing proposed Cost (s) including other sources of funds;
- Conformance to all other RFGA Requirements and Conditions.

### **4. Written Questions:**

Questions may be submitted in writing via email or fax to the attention of the contract person listed below. To allow for sufficient time to answer all questions that could affect the RFGA, ADHS requests that questions be submitted not later than ten (10) working days prior to the RFGA due date to:

Dee Vlahos, Procurement Specialist  
Arizona Department of Health Services  
1740 West Adams, Room 303  
Phoenix, Arizona 85007  
Phone No. (602) 364-1482  
Fax No. (602) 542-1741  
E-mail address: [vlahosd@azdhs.gov](mailto:vlahosd@azdhs.gov)

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### 5. Confidential Information:

If an Applicant believes that their application contains information that should be withheld, a statement advising the procurement officer of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The Applicant shall stamp or specifically identify all information believed to be confidential. The information identified by the Applicant as confidential shall not be disclosed until the director makes a written determination. The director shall review the statement and information and shall determine in writing whether the information shall be withheld. If the director determines to disclose the information, the director shall inform the person in writing of such determination.

### 6. Oral or Written Presentations:

In accordance with A.R.S. §41-2702, applicants may be invited to make oral or written presentations regarding the scope of work, terms and conditions of the grant, budget and other relevant matters set forth in the request for grant applications. In the course of such presentations, discussions may occur. The purpose of such discussions would be to provide clarification and to assure full understanding of and responsiveness to the application requirements regarding the grant.

### 7. Multiple Awards:

In order to assure that any ensuing Grants will allow the State to fulfill current and future needs, ADHS reserves the right to award Grants to multiple Applicants.

### 8. Collaborative Partnerships within Program Area:

The state encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

### 9. Authorized Signature:

A. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign Grant agreements. Additionally, if requested by ADHS disclosure of ownership information shall be submitted.

- (1) Privately Owned: The Owner must sign the Grant application
- (2) Partnership: A Partner must sign the Grant application
- (3) Corporation: A duly authorized Corporate Officer must sign the Grant application.

B. If a person other than these specified individuals signs the Grant application, a Power of Attorney indicating the person's authority must accompany the Grant application. All addenda to the Grant application shall be signed by the authorized individual who signed the Grant application except that they may be signed by a duly authorized designee.

## INSTRUCTIONS

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### HOW TO PREPARE AND SUBMIT APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms used in this RFGA.
  - A. **“Activities”** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.
  - B. **“ADHS”** means the Arizona Department of Health Services.
  - C. **“Department”** means the Arizona Department of Health Services.
  - D. **“Shall or Must”** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.

\*The Office of HIV/STD/Hepatitis C Services (OH/S/H) is incorporating the Arizona Program Design and Evaluation Logic Model (hereinafter referred to as the Logic Model) into its RFGA process. The Logic Model was developed by the Governor’s Community Policy Office in collaboration with other state agencies for the purpose of creating a standardized, consistent approach to making Grants that identify and describe a sequence of tasks needed to solicit, apply for, and award Grants. The Logic Model emphasizes the interrelationships of designing, implementing and evaluating programs. The Applicant will be asked to show these linkages throughout their application.

### 3. **Required Application Information:**

**One (1) original and five (5) copies** of each application shall be submitted on the forms and in the format specified in the RFGA. The responses shall be typed using a 12-point font and single-spaced. The original copy of the application should be clearly labeled "ORIGINAL". The material should be in sequence and related to the RFGA. The Department will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the Applicant’s application. Applications shall have a table of contents, and tabs for each section. The original, ink-signed application shall be provided in a 1 inch, 3-ring binder labeled with Applicant’s name and project title, with tabs for each section. The copies shall be submitted stapled or clipped and marked as “copy”. The application should be organized and submitted in the following order:

- A. Table of Contents for the entire application with page numbers for each section.
- B. Signed Application and Award Form.
- C. Terms and Conditions (one set with the original application only).
- D. Written responses to Narrative Executive Summary (**not to exceed six (6) pages**) - a brief summary of the plan for provision of outpatient medical care and services to people living with HIV/AIDS in Yavapai and Gila Counties):
  - i. Plan for provision of outpatient medical care coverage and services including approach, target population, referral network, and geographic areas including the Logic Model Matrix and total dollar amount requested in the application.
  - ii. If applicable, provide information about proposed subcontractors or other collaborative agencies or schools.
  - iii. If any part of the Applicant’s services/work on any contract awarded pursuant to this RFGA is to be performed by subcontractors, identify such parties and describe their functions. A completed

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**Attachment 2** shall be submitted for subcontracts. Also include resumes of the senior/executive officers and key personnel of the subcontractors to be assigned to this Contract.

- E. Scope of Work/Logic Model Tasks Methodologies **(not to exceed twenty-five (25) pages)** including the Logic Model\* matrix describing the Applicant's ability to provide services **(total not to exceed 30 pages)**.
  - i. The Logic Model is a useful planning tool that will assure that the proposed program addresses the identified problem of the target population. The tasks outlined in Scope of Work/Logic Model Items 1 through 6, detail the sequential questions and steps required in order to complete the Logic Model. The completed Logic Model matrix is a concise summary of the outlined tasks **(refer to Attachment 1, page 24)**.
- F. Organization Chart - Provide a current organizational chart of the personnel. The chart shall include the Applicant and its subcontractors.
- G. Experience/Expertise/Reliability and Qualifications
  - i. Provide a description of Applicant's background, history, track record, staff resumes and resources.
  - ii. Completed **Attachment 2, page 25** – Applicant's Experience. Any copy of professional license or certification, if applicable must be attached with this form. This form must correspond to, and be consistent with, staff identified in your budget.
  - iii. If any part of the Applicant's services/work on any contract awarded pursuant to this RFGA is to be performed by subcontractors, identify such parties and describe their functions. A completed **Attachment 2** shall be submitted for subcontracts. Also include resumes of the senior/executive officers and key personnel of the subcontractors to be assigned to this Contract.
  - iv. Provide Applicant's financial statement, and
  - v. Provide three (3) letters of support from current or previous customers who have received the same or similar services from the Applicant, including name, telephone number, dates and descriptions of services provided.
- H. Resources – Ability to perform services as reflected by availability and suitability of staff resources.
- I. Cost: Completed Itemized Budget, written budget justification and Price Sheet/Fee Schedule. **(Refer to Budget Development Guidelines and Worksheet, Attachments 6 ~ 7, pages 29-35 and the Price Sheet/Fee Schedule page 23, including Attachment 4 – Other Funding Sources, page 27)**.
- J. Completed Implementation Plan **(Attachment 5, page 28)**.
- K. Conformance to all other RFGA Requirements and Conditions.
- L. Other Attachments: As applicable.

## TERMS AND CONDITIONS

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### TERMS AND CONDITIONS

1. **Grant Term** The initial term of this Grant shall commence April 1, 2007 and will remain in effect through March 31, 2008, unless terminated, canceled, or extended as otherwise provided herein.
2. **Option to Renew Grant:** This Grant shall not bind nor purport to bind ADHS and the Grantee for any Grant commitment in excess of the original Grant term. ADHS shall have the right, at its sole option, to renew the Grant, in one-year increments, not to exceed a total Grant term of four (4) years. If ADHS exercises such rights, all terms, conditions and provisions of the original Grant shall remain the same and apply during the option terms. With approval from the ADHS Administrator, the logic model and price sheet/fee schedule will be reviewed, updated and negotiated with the ADHS Program Manager to reflect the performance plan for the extended Grant term. Thereafter, the performance plan update will be negotiated with the ADHS Program Manager on an annual basis.
3. **Grant Type:** Cost Reimbursement.
4. **Grant Amendments:** Any change in this Grant, including the Scope of Services, shall only be accomplished by a formal, written and executed Grant amendment, signed by the ADHS Administrator. Any such amendment shall be within the scope of the Grant and shall specify the change, any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.
5. **Commencement of Work:** All work to be performed under this grant must commence within ninety (90) days of award.
6. **Universal Standard of Care:** These documents can be found in both English and Spanish on the following website: [http://www.azdhs.gov/phs/hiv/hiv\\_care\\_services.htm](http://www.azdhs.gov/phs/hiv/hiv_care_services.htm)  
  
Applicants must adhere to the above-mentioned standards and ADHS will monitor for compliance.
7. **Suspension or Debarment Status:** If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a Grantee with any federal, state or local government or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided. The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.
8. **Availability of Funds for the Next Fiscal Year:** Funds may not presently be available for performance under this Grant beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this Grant beyond the current fiscal year until funds are made available for performance of this Grant. The State shall make reasonable efforts to secure such funds.
9. **Audit:** Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.

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10. **Information Disclosure:** The Grantee shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the state. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the state.
11. **Key Personnel.** It is essential the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility (**as identified on Attachment 3, page 26**). Once assigned to work under this Grant, key personnel shall not be removed or replaced without prior express approval by the State Government Administrator.
12. **Accounting Requirements.** All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.
13. **Financial Management:** For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

State Funding. Grantees receiving federal funds under this contract shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

Federal Funding. Grantees receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

14. **Sub-Contracts:** The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Program Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.
15. **Licenses:** Grantee shall maintain, in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.
16. **Federal Procurement Suspension/Debarment:** All Applicants upon submittal and signature of their application hereby attest and certify that the company has not been debarred or suspended from federal procurements.
17. **Health Insurance Accountability and Portability Act of 1996 (HIPAA) Requirements:** The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Grantee will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep the ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Grantee agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or

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participate in HIPAA training offered by the ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

**18. Federal Grant Restrictions:** Grantee shall maintain, in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.

- a. Applicants will only provide coverage and services to eligible clients of regional Ryan White CARE Act Title II programs and will not submit invoices for services rendered for non-eligible clients (people that are not HIV infected or who are not enrolled in the dental insurance program).
- b. In no case may CARE Act funds be used to make direct payments of cash to recipients of services.
- c. Client Payment for Services:

Any Subcontractor of the consortia billing for related medical services must be a participating AHCCCS entity for all services that are covered under the program. Providers that receive Title II funds and charge for services must develop consistent and equitable policies and procedures related to verification of client's financial status, implementation of a sliding fee scale and ensuring a cap on client charges for HIV related services. The sliding scale fee schedule must take into account the client's level of income and limits total service charges to a percentage of the individual's yearly income. The agency must have a system in place to ensure that these annual caps on charges to clients are not exceeded.

The law prohibits imposing a first party charge on individuals whose income is at or below 100% of the Federal Poverty Level and requires that individuals with incomes above the official poverty level be charged for services. Federal Poverty Guidelines are updated each year and are available on the web at <http://aspe.hhs.gov/poverty/index.shtml#latest>.

The law limits the annual cumulative charges to an individual for HIV-related services to:

Family Income	Maximum Charge
At or below 100% of Poverty	\$0
101% to 200% of Poverty	No more than 5% of gross annual income
201% to 300% of Poverty	No more than 7% of gross annual income
Over 300% of Poverty	No more than 10% of gross annual income

The Presidential Executive Order issued August 2000, requires that every program that received federal funds be required to take reasonable steps to assure meaningful access to their program by Limited English Proficiency (LEP) persons. Each entity that provides services shall develop language assistance procedures for accessing the language needs of the population served; translating both oral and written communications and documentation; training staff in the language assistance program requirements and monitoring LEP requirements.

- d. The following OMB resources establish principles and standards for determining costs applicable to grants, contracts, and other agreements entered into by the types of organizations specified:
  - OMB Circular A-122 - *Cost Principles for Nonprofit Organizations*
  - OMB Circular A-87 - *Cost Principles for State, Local, and Indian Tribal Governments*, and
  - OMB Circular A-21 - *Cost Principles for Educational Institutions*.

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- e. Applicants will provide a copy of all printed or broadcast media or any other materials developed using funds awarded under this Grant to the Arizona Department of Health Services Materials Review Committee for approval.

- f. Administrative Costs:

Administrative costs are those not directly associated with service provision. Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting and data reporting. By law, no more than ten (10) percent of the Ryan White project budget can be allocated to administrative costs. Staff activities that are administrative in nature must be allocated to administrative costs. The following are examples of administrative costs:

- Indirect costs, which are allowed only if the Applicant has a negotiated indirect cost rate approved by the recognized Federal agency. A copy of the latest negotiated cost agreement that covers the period for which funds are requested must be submitted at the time of approval of award. Indirect costs are those considered necessary to the operation of the organization and performance of the programs. All indirect costs are subject to the 10 percent limitation on administrative expense.
- Rent, utilities, and other facility support costs.
- Personnel costs and fringe benefits of staff members responsible for the management of the project such as the Project Director.
- Telecommunications, including telephone, fax, pager (non direct service)
- Postage (non direct service)
- Liability insurance
- Office supplies
- Audits
- Payroll/accounting services
- Computer hardware/software
- Data collection activities related to data collection requirements, including the CARE Act Data Report (CADR), unduplicated Title II client-level data, and other reports.

- g. Funding Restrictions

Ryan White CARE Act funds shall not be used to finance the services of lobbyists, or grant/proposal writers.

19. **Arizona Substitute/IRA W-9 Form:** In order to receive payment the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.
20. **Payment:** The Grantee shall submit to ADHS, a monthly statement of charges in a form provided and known as **Exhibit 1, Contractor's Expenditure Report (CER)** for the work completed under an approved project manager in conformance with the price sheet/fee schedule of this contract.
21. **Offshore Performance of Work Prohibited:** Due to the security and identify protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.
22. **Federal Immigration Laws, Compliance by State Applicants:** By entering into the Contract, the Applicant warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Applicant shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon



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request. These warranties shall remain in effect through the term of the Contract. The Applicant and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV

The State may request verification of compliance for any Applicant or subcontractor performing work under the Contract. Should the State suspect or find that the Applicant or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Applicant. All costs necessary to verify compliance are the responsibility of the Applicant.

- 23. Cancellation for Conflict of Interest:** Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.
- 24. Arbitration:** The parties to this Grant agree to resolve all disputes arising out of or relating to this Grant through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes (Title 41).
- 25. Non-Discrimination:** The Applicant shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- 26. Pandemic Contractual Performance:**
1. The State shall require a written plan that illustrates how the applicant shall perform up to contractual standards in the event of a pandemic. The State may require a copy of the plan at any time prior or post award of the grant. At a minimum, the pandemic performance plan shall include:
    - A. Key succession and performance planning if there is a sudden significant decrease in applicant's workforce.
    - B. Alternative methods to ensure there are products in the supply chain.
    - C. An up-to-date list of company contacts and organizational chart.
  2. In the event of a pandemic, as declared by the Governor of Arizona, the U.S. Government or the World Health Organization, which makes performance of any term under this grant impossible or impracticable, the State shall have the following rights:
    - A. After the official declaration of a pandemic, the State may temporarily void the grant in whole or specific sections, if the applicant cannot perform to the standards agreed upon in the initial terms.
    - B. The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code.
    - C. Once the pandemic is officially declared over and/or the applicant can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided grant.

## SCOPE OF WORK / LOGIC MODEL

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The Office of HIV/STD/Hepatitis C Services (OH/S/H) is incorporating the Arizona Program Design and Evaluation Logic Model (hereafter known as the Logic Model) into its Request for Grant Application process. The Logic Model was developed by the Governor's Office for Children, Youth and Families in collaboration with other state agencies for the purpose of creating a standardized, consistent approach to making Grants that identify and describe a sequence of tasks needed to solicit, apply for, and award Grants. The Logic Model emphasizes the interrelationships of designing, implementing and evaluating programs. The Applicant will be asked to show these linkages throughout their application.

**TASKS:** Submit a written response to each of the following Logic Model Tasks. (Retype each item and then provide the response – or – the Logic Model Attachments can be accessed in .doc format at the following website).  
<http://www.azdhs.gov/procurement/grants.htm>

### 1. **NEEDS/RESOURCES: (not to exceed five (5) pages, not including Attachments)**

This module creates a foundation for the application by focusing on population to be reached, other people or groups who will play a role in the development or implementation of the program, the relevant risk and protective factors/assets, and the identification of other resources currently directed toward the target population.

- A. What Target Population in Yavapai and Gila Counties will the application be targeting?
- B. Identify the external team. What other individuals or organizations (key stakeholders who have a vested interest in the stated problem) are involved in the development and/or implementation of the application and what are their specific roles?
- C. Identify the internal team. Who are the individuals within the Applicant's organization involved in the development and implementation of the application and what are their specific roles? It will be particularly important to show there will be continuity of staff as the application moves from development to the implementation.
- D. What other resources (federal, state, or local funds plus any in-kind resources) in your community are currently being directed toward the target population?
- E. Will the application support or enhance those efforts? If so, how?
- F. Describe the Applicant's/collaboration's ability to meet the identified needs and give examples of experience in implementing related programs and the outcomes of those programs.

### 2. **GOALS AND OUTCOME OBJECTIVES: (not to exceed four (4) pages)**

This module captures the broad statements of intent (goals) and the measurable, time-specific outcomes (objectives) that will address the identified problem/needs. Goals are general and should reflect what changes are desired within your targeted population. Objectives should support the goals, should describe specific changes that will be accomplished within a certain period of time and are able to be measured. It is critical that the goals and objectives are realistic in terms of both time and available resources. Therefore, it may be necessary to develop intermediate or short-term objectives. **The initial Grant time period to be reflected in the goals and objectives will be approximately April 1, 2007 – March 31, 2008.**

- A. State the goal(s) that will address the identified problem/need.
- B. For each goal, identify an objective(s) that:
  - Describes what will be expected to change in the client's health outcomes (e.g. increase in outpatient medical services received by HIV infected individuals and health outcomes associated with those services.);

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- Quantifies how much will change (e.g. increase or decrease in numbers, percentages, laboratory counts, etc.);
- Gives a specific date by which the change(s) in health outcomes will occur.

C. Explain how the goals and objectives are linked to the identified problem/needs and the selected risk and/or protective factors.

### 3. STRATEGIES/APPROACHES: *(not to exceed four (4) pages, not including Attachments)*

This module identifies and describes the interventions chosen to reach the stated goals and outcome objectives. These strategies and approaches can be total programs that have already been proven effective in addressing the identified problem/needs, they can be adaptations or strategies selected from effective programs, or they can be programs the applicant has created. If an original or adapted program is chosen, be sure the components of the program are backed up by science-based theory related to the particular problem/need and target population/area being addressed.

- A. Describe the strategies/approaches (program) that will be used to meet the goals and objectives.
- B. Explain how the selected strategies/approaches fit with the problem/need and will lead to achieving the stated goals and objectives.
- C. Describe the extent to which the community is ready to improve current conditions and implement the selected strategies/approaches. Provide memorandums of understanding, sub-contracts and letters of collaboration with/from local community agencies, case management agencies, medical and/or dental offices, or other entities.
- D. Identify the science-based theory and/or best practices program(s) or medical model programs that support the strategies/approaches and explain how they apply to the outpatient medical care and services needs of people living with HIV/AIDS in Yavapai and Gila Counties. Include how the service provision will adhere to the US Public Health Service (PHS) guidelines. Provide any program evaluation data that support strategies/approaches for targeted population/area.
- E. If adapting a proven program, explain what the adaptations are and why they are being made.
- F. How do the strategies/approaches connect to the selected health risk and protective factors/assets for people living with HIV/AIDS?
- G. Describe the characteristics of the targeted population and explain, as needed, how the strategies/approaches are culturally competent, age appropriate and gender responsive.

### 4. IMPLEMENTATION PLAN/ORGANIZATIONAL CAPACITY: *(not to exceed five (5) pages, not including Attachments)*

This module focuses on the steps that must be taken and the organizational capacity needed to put the strategies/approaches into action. It should include all the elements that will be required to operationalize the strategies/approaches for the duration of the Grant.

#### Implementation/Work Plan Activities

- A. Sequentially list the activities needed to implement the strategies/approaches including timelines and responsibilities. (See **Attachment 5 – sample Implementation Plan, page 28**).
- B. Describe the plan for recruitment and outreach of participants/clients.

## SCOPE OF WORK / LOGIC MODEL

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- C. Describe any anticipated barriers to participation and/or completion and your plans to overcome those barriers.
- D. Describe any training that will be needed for existing and/or new staff. Include ensuring that all medical providers be licensed and certified by their appropriate national and state medical board or licensing body.
- E. How and when will this training be delivered?
- F. Develop a set of process objectives that will be used to measure the effectiveness of the implementation (e.g. number of participants attending/completing, participant satisfaction, adequacy of resources, and timely completion of activities. Additional examples of process objectives may be given).

### 5. PROGRAMMATIC EVALUATION PLAN: *(not to exceed three (3) pages, not including Attachments)*

This module is designed to answer questions about whether or not the program is working and what can be done to make the program more effective. The evaluation should be directly connected to both the process objectives included in the Implementation Plan module and the outcome objectives stated in the second module, Goals and Outcome Objectives. The process/formative evaluation should measure program fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation. The outcomes/substantive evaluation should determine the extent to which the program has accomplished the stated goals and outcome objectives.

#### Process Evaluation

- A. Who will have overall responsibility for the process and outcome evaluations?
- B. What resources (e.g. personnel, supplies etc.) will be needed to evaluate the program? The funds dedicated to evaluation shall be reflected in the budget. Provide copies (if applicable) of consultant sub-contracts including resumes and description of past work.
- C. How will each process objective be measured (e.g. attendance sheets, adequacy of materials and resources, participant satisfaction surveys)?

#### Outcomes Evaluation

- A. The outcomes evaluation design/methodology must include a valid, reliable assessment tool. Include a sample of the evaluation tool(s) (e.g. pre/post surveys) that will be used to measure each of the outcome objectives.
- B. Describe the plan for evaluating the outcome objectives including timelines for collecting and analyzing data. Who will have overall responsibility for the outcomes evaluation? Provide copies of consultant sub-contracts including resumes and description of past work, if applicable.
- C. What data will be used? How will this data be collected and who will collect it? How will this data be organized once it has been collected? What procedures will be put in place to assure the quality of the data (e.g. training for data collectors, data collection forms, timeliness in administering tools)?
- D. How will this data be analyzed?
- E. Describe how the results of your outcome evaluation will be used to continuously improve the quality of the program throughout the duration of this Grant.

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### 6. RESOURCES AND BUDGET: *(not to exceed four (4) pages)*

#### A. Complete **Attachment 6 and 7 – Budget Development Guidelines and Worksheet.**

- PLEASE USE THIS FORMAT. List all resources that will be needed to implement the strategies/approaches. These resources may be financial as well as involve curriculum, supplies, space, and equipment. Provide a narrative justification for each expense category. Explain where these resources will be obtained including existing resources, other Grants, donations and contributions, both financial and in-kind.
- Complete **Attachment 4 - List of Other Funding Sources.**

#### B. **Complete Price Sheet/Fee Schedule – page 23.** Provide budgetary categories that will be used in accordance with the Budget Development Guidelines and Worksheet.

### 7. STATE PROVIDED ITEMS:

- A. List of HRSA service categories and definitions
- B. ADHS forms that may be necessary for program

### 8. APPROVAL:

The monthly Contractor Expenditure Reports shall be approved by ADHS prior to reimbursement (See **Exhibit 1, Contractor Expenditure Report**)

### 9. REPORTING REQUIREMENTS:

Providers are required to **submit monthly fiscal and program reports** to ADHS, Ryan White Title II Program as well as program narratives. The monthly fiscal and program reports are due on the 30<sup>th</sup> of every month. No payment will be made to the provider if the required programmatic and fiscal reports have not been received. In addition, **quarterly narrative programmatic reports** are due on the 30<sup>th</sup> of every month following a quarter. As part of the HRSA reporting requirements, providers are also required to submit data on their HIV population through **the CARE Act Data Report (CADR)** which provides documentation of services provided, including characteristics of the clients receiving services and descriptive information about the organizations that deliver care with Title II funds. Providers are required to submit client level data for all Title II funded clients to ADHS, Ryan White Title II Program twice a year. Providers must report the unduplicated number of Title II clients served using the Unique Record Number (URN).

Fiscal reporting requirements vary for different components of the OMC medical services. Your budget will be scored based upon how well you delineate the various components.

#### **CARE Act Data Report (CADR)**

As referenced above, providers are required to have the capacity to collect unduplicated client level data. The submission of the CADR is a requirement of all CARE Act funded sub-grantees and must be submitted to HRSA annually by March 15. Mandatory training will be provided during the course of the fiscal year to assist providers in the collection of this required information. This report is due to the Ryan White Title II Program by February 15, and is a condition of award.

#### **Other Data Requirements**

Applicants are required to have an information system that has the capacity to manage and report the following administrative, fiscal, and program data:

- For the Title II Unduplicated Client level data, the number of unique individuals provided Title II services listed by the URN (Unique Record Number),

## SCOPE OF WORK / LOGIC MODEL

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- For the CADR, the number of unique individuals who are HIV-positive and receiving Ryan White funded services,
- Demographic information on each individual receiving a Title II funded services,
- Risk factors on each individual receiving a service,
- The number of HIV infected individuals and the CDC classification of their disease,
- Tracking and reporting program income generated by third party reimbursement. OMB Circulars A-102 and A-110 stipulate how program income can be used,
- Tracking and reporting of viral loads and CD4 counts of clients served by primary care providers,
- All performance measures/units for the applicable service category,
- The name, phone numbers and resume of the Project Coordinator, if replaced.

### Other Requirements

All recipients of RWCA funding will be required to attend all Title II Statewide Advisory Council Meetings, Quality Management Committee meetings, and other ad hoc committees that are relevant to contracts or services.

#### 10. UNIVERSAL STANDARDS OF CARE:

These documents can be found in both English and Spanish on the following website:

[http://www.azdhs.gov/phs/hiv/hiv\\_care\\_services.htm](http://www.azdhs.gov/phs/hiv/hiv_care_services.htm)

Applicants must adhere to the above-mentioned standards and ADHS will monitor for compliance.

#### 11. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:

- a. Notice, Correspondences, Reports and Invoices from the Grantee to the ADHS shall be sent to:

Arizona Department of Health Services  
Office of HIV/STD/Hepatitis C Services  
Program Manager, HIV Care and Services  
150 North 18<sup>th</sup> Avenue, Suite 110  
Phoenix, Arizona 85007  
Phone No.: (602) 364-3606  
Fax No.: (602) 364-3268

- b. Notice, Correspondences and Report from the ADHS to the Grantee shall be sent to:

Organization: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

- c. Payments from ADHS to the Grantee shall be sent to:

Organization: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and ZIP Code: \_\_\_\_\_

<b>PRICE SHEET / FEE SCHEDULE</b> <b>RFGA NO. HR754081</b>
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COST REIMBURSEMENT LINE ITEMS	AMOUNT
PERSONNEL	\$
ERE	\$
PROFESSIONAL/OUTSIDE SERVICES	\$
TRAVEL EXPENSES	\$
OPERATING EXPENSES	\$
CAPITAL OUTLAY EXPENSES	\$
OTHER EXPENSES	\$
<b>TOTAL</b>	\$

Applicant to enter amount requested from the Budget Development Guidelines and Form  
in the appropriate spaces above.

**Note:** With the ADHS Program Manager approval, the Awardee is authorized to transfer among line items up to 10% of the total budget amount as shown on the Price Sheet/Fee Schedule. Any proposed transfer of funds among line items that exceeds 10% of the budget amount shall require an amendment to the Grant. Transfer of funds from a funded line to a non-funded line is not allowed.

**ATTACHMENT NO.: 1**  
**ARIZONA PROGRAM DESIGN AND EVALUATION LOGIC MODEL**  
**RFGA NO. HR754081**

← LINK →

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
Are strategies/ approaches meeting the needs?	Are short and long term outcomes tied to the evaluation?	Are the strategies/ approaches addressing the outcome objectives?	Are the strategies/ approaches being implemented as written?	Is there ongoing assessment and quality improvement?



**CONTINUOUS FEEDBACK LOOP**



**ATTACHMENT NO.: 2**  
**APPLICANT'S EXPERIENCE**  
**RFGA NO. HR754081**

**Applicant shall submit three (3) completed forms as part of its Application.**

Applicants are required to submit information about PAST experience to verify program performance using this form. Insert the information as requested. Responses shall include the details of at least three individual contracts for services related to those described in this RFGA.

Reference Contract Title: \_\_\_\_\_

Contract Term / Dates of Work \_\_\_\_\_ through \_\_\_\_\_ Geographic Area Served \_\_\_\_\_

Target Population Served: \_\_\_\_\_

Narrative (Shall include the results (outcomes achieved, objectives met) of past experiences of each contract and the NUMBER of past contracts the Applicant has had with experience similar to those described in this RFGA):

Reference Company: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

<p align="center"> <b>ATTACHMENT NO.: 3</b>  <b><u>KEY PERSONNEL</u></b>  <b>RFGA NO. HR754081</b> </p>
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**INSTRUCTIONS:**

List all key personnel by name, position and/or title, responsibilities and percent of time assigned to this Grant.

[illegible]

**Note:** Applicant shall attach a resume for each of the key personnel proposed.

**ATTACHMENT NO.: 4**  
**LIST OF OTHER FUNDING SOURCES**  
**RFGA NO. HR754081**

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source that may be utilized to also support the proposed project. Also list all funding received that is utilized to provide related educational services. Use a continuation sheet if necessary.

Type of Funding (Federal, State, Local, Other)	Received From	Amount	Term of Funding (Effective Date/Ending Date)
<b>TOTAL:</b>			

**ATTACHMENT NO.: 5**  
**IMPLEMENTATION PLAN**  
**RFGA NO. HR754081**

**TIMELINE**

The following is provided as an **EXAMPLE ONLY**

<b>TASK</b>	<b>PERSON RESPONSIBLE</b>	<b>VERIFICATION</b>	<b>START DATE</b>	<b>END DATE</b>
Hire Program Staff	Project Coordinator	Signed Letter of Employment	April 1, 2007	April 30, 2007
Send Program Materials to Clients	Staff	Program Materials Received by Certified Mail	April 1, 2007	May 30, 2007
Provide Outpatient Medical Care to All Eligible Clients	Medical Providers	Medical Records and Invoices	April 1, 2007	March 31, 2010

<p style="text-align: center;"><b>ATTACHMENT NO.: 6</b> <b><u>BUDGET DEVELOPMENT GUIDELINES</u></b> <b>RFGA NO. HR754081</b></p>
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Specific types of Provider costs are to be grouped into six budget categories. Within the total cost for each budget category, a series of line item costs are to be identified. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category. It is essential that category costs be comprised of the same item costs as specified in these Guidelines.

**1. PERSONNEL SERVICES**

- a. Compensation for personnel services is an allowable expense for Provider employees whose work is necessary for the provision of contract services.
- b. Salaries to be charged to the service must relate directly to work on the service. Salaries of employees involved in work on non-contract services must be properly apportioned and later supported by appropriate time distribution records or any other acceptable method.
- c. Benefits such as vacation, sick and administrative leave, holidays and routine training participation time are to be included in the amount budgeted for an employee's salary. In addition, any salary increases due an employee during the contract period must be included in the budgeted salary costs.

**2. EMPLOYEE RELATED EXPENSES (ERE)**

- a. Employee related expenses (fringe benefits) are allowances and services offered by the Provider agency to its employees as compensation in addition to regular salaries. Fringe benefits must be applied only to that portion of an employee's salary or wages attributable to the service. Fringe benefits budgeted in the contract must be earned during the contract period. Benefits accrued prior to the contract, but not yet paid out, are not expenses allowed by the Department.
- b. Fringe benefits include, but are not limited to Social Security (FICA), Unemployment Insurance, Worker's Compensation, health and life insurance, and retirement. The portion of the cost of these benefits paid by the employee is not an expense of the Provider agency. The employer's cost of these benefits is an eligible Provider agency expense.

**3. PROFESSIONAL AND OUTSIDE SERVICES**

- a. Professional and consultant services, rendered by individuals or organizations, are allowable expenses if the services are directly related and essential to the contract service(s). The normal types of professional or outside services which may be placed in this budget category are those which relate to the legal, accounting, management, training/education, medical, social service and psychological professions.
- b. A written specification, of each of the consultant services to be performed, is to be available for the purpose of budget estimating and subsequent audits. The specifications normally will include estimates by item, all consultant costs such as travel, supplies, meetings or any directly related costs of the consultant. Professional and Outside services are frequently purchased on an hourly basis. It is, therefore, recommended that such services be budgeted on a per hour billing basis.

**4. TRAVEL**

- a. Travel will include the cost of transporting staff and clients during the provision of contract services. The following allowable travel costs are included within this category:
  - i. Staff-owned vehicles: mileage reimbursement;
  - ii. Provider agency-owned vehicles: operating expenses and depreciation;
  - iii. Sub-contracted travel services;
  - iv. Rented vehicles;
  - v. Government motor pool vehicles;

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**BUDGET DEVELOPMENT GUIDELINES**  
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- vi. Public transportation; and
- vii. Per diem.

b. Staff-Owned Vehicles

- i. The travel cost of a vehicle owned by a Provider employee should be budgeted no greater than the offerors designated mileage reimbursement rate. In public Provider agencies, the mileage rate is determined by the branch of government with which the Provider agency is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality. The actual cost of tolls and parking fees may be budgeted for employees using their vehicles for contract services.

c. Provider Agency-Owned Vehicles

- i. Travel costs for vehicles owned by a Provider agency must be budgeted on an actual cost method. Actual costs will include fuel, maintenance and repair, insurance, registration fees, tolls, parking fees and depreciation.
- ii. There are two methods to budget motor vehicles with regard to acquisition cost:
- iii. The vehicle may be purchased with Provider agency funds. The cost will be depreciated over the useful life of the vehicle. The current year depreciation expense is listed in the Travel Category of the Service Budget.
- iv. The agency may budget the entire acquisition cost as a first year expense under the Equipment Category.

d. Rented Vehicles

If either a public or private Provider agency is renting vehicles from a private rental agency, the actual rental cost plus fuel (unless fuel is included in the rental cost) should be used to budget the cost. Rental costs will be considered reasonable depending on the type and degree of use and current fair market value of the model of vehicle. If a vehicle has been rented by the Provider until its acquisition cost has been reduced to below \$5,000, it may be purchased and budgeted as a current cost.

e. Motor Pool Vehicles

Provider agencies using vehicles supplied by a county or municipal motor pool may budget for travel by using the rate fixed by the motor pool.

f. Public Transportation

In cases in which public transportation is used for authorized travel by employees or clients of the Provider, the actual cost of fares required should be estimated. Fare or any other expenses for staff members to commute to and from work are not an allowable cost.

g. Per Diem

While Providers are encouraged to minimize the overnight travel costs, certain contract services may require occasional overnight travel on the part of employees. In such cases, per diem expenses should be budgeted no greater than the offerors designated per diem reimbursement rate. For public Provider agencies, the per diem rate is determined by the branch of government with which the Provider is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality.

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**5. OTHER OPERATING**

- a. Other Operating costs include materials and supplies, space and occupancy and general operating services. Costs related to space needed for the delivery of contract services are allowable expenses. Space costs include the expense of a facility and other expenses directly related to the operation of the facility. Space Costs, however, do not include the purchase or major modification of land or facilities.
- b. The costs of materials and supplies, necessary for the delivery of contract services, are allowable budgeted expenses. Such costs should be calculated by deducting from the purchase price, all cash and trade discounts, rebates, and allowances to be received by the Provider agency.

- c. Program Supplies

Program supplies include consumable supplies used directly in the provision of contract services.

- i. **Materials**

- (1) Materials are consumable supplies used directly by the clients in the provision of contract services. Material supplies will include but need not be limited to:
    - (2) Arts and Crafts;
    - (3) Housekeeping Goods (dishes, linens, etc.);
    - (4) Client Activities Costs;
    - (5) Toys; and
    - (6) Literature.

- ii. **Medical Items**

- (1) Medical care is an allowable cost if it is necessary to achieve the objective of the contract services.
    - (2) Professional Medical Services: The cost of medical professionals is an allowable expense. However, the cost should normally appear in the Personnel or Professional and Outside Services Category contingent upon the terms of the agreement between the Provider agency and the medical professional(s).
    - (3) Pharmaceuticals: Pharmaceuticals should be budgeted on an actual cost basis.
    - (4) Medical Supplies: Medical supplies should be budgeted on an actual cost basis.

- d. Office Supplies

- i. **General Office Supplies**

Office supplies are consumable supplies necessary to efficient administrative and service operations of the service program. The cost of this item may be budgeted by using a reasonable base cost per employee for the contract term multiplied by the total number of employees needing office supplies. Justification of the base cost must be available upon request.

- ii. **Equipment**

Any piece of equipment with an acquisition cost of up to \$4,999.99 will be budgeted under the Other Operating Category. Budgeting of such pieces of equipment will be done on an actual cost basis. All Pieces of equipment with an acquisition cost of \$5,000 or more should be budgeted under the Capital Outlay Category.

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**iii. Postage**

Postage may be budgeted by applying a monthly base to the total number of months in the contract. When applicable, Provider agencies should apply for and utilize special bulk mail rates.

**iv. Reproduction and Printing**

The cost of printing and reproduction services, necessary for the performance of the contract, including but not limited to forms, reports, manuals and informational literature is allowable. However, if a cost for the rental of a photocopier has been budgeted, care must be taken to avoid duplication of costs. When budgeting for reproduction and printing services, enter a reasonable estimate of actual costs.

**e. Maintenance of Space**

This item includes costs necessary for the upkeep of the Provider's facilities which neither add to the permanent value of these facilities nor appreciably prolong their intended life, but keep them in an efficient operating condition. This includes estimates of the actual costs of material needed for the maintenance and repair of the Provider's facilities or for sub-contracted maintenance services.

**f. General Operating**

- i. Central Services: Service costs such as administrative, data processing, payroll, supply and duplicating facilities on which the expense can be calculated and segregated as a direct cost are to be entered in this item. Support these budgeted expenses by indicating the basis of the cost.
- ii. Communication: Telephone and answering service costs, as well as telephone directory listings, which assist the client to identify and contact the Provider agency for contract services, will be permitted.
- iii. Bonding: Premiums for bonding costs will arise when there is a need to protect the provider agency and government against financial loss. Bonding practices beyond those which the Provider agency should normally use as good business practice will not be required. The most common bonding classification is that of a fidelity bond sufficient to cover the potential loss of accessible funds.
- iv. Advertising: To acquire quality goods or services at a low cost; to recruit potential employee; or to inform the public of the availability of services.
- v. Training: Provider agency employees are eligible for training directly related to the contract services. The necessary and appropriate expense related to training activities is to be included in this line item. The basis for this budgeted expense must be documented in the Proposal Itemized Service Budget, and a detailed description of the training activities must be rendered in the Program/Administration Section.
- vi. Trade, Business, Technical and Professional Activities: A series of costs may be encountered which assist in providing reference background, updating employees' knowledge and maintaining liaison or contact with similar activities. Expenses in this line item will be allowable when the costs are proven to be of direct benefit to the contract services. The following types of costs may be part of this item's budget expense:
  - (1) Library - purchases and fees;
  - (2) Subscriptions - professional literature;
  - (3) Membership - dues; and
  - (4) Professional activities, clubs and meetings.



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- vii. General Liability Insurance: Insurance costs are those insurance costs which the Provider is required to carry, or which are approved under the terms of the contract and any other insurance which the Provider maintains in connection with the general conduct of its business (excluding insurance on the building and contents which should be listed as a line item under Other Space Costs in the Space Category). The Provider can ascertain from the Department what types and amount of insurance coverage should be purchased.

**6. CAPITAL OUTLAY (EQUIPMENT)**

- a. The cost of equipment essential to the delivery of contract services and the maintenance of that equipment is allowable as a budgeted expense. Equipment which materially increases the value or useful life of a facility is unallowable.
- b. The Equipment Category, which includes office and program equipment, has been subdivided into two sections: (1) Equipment Costs, and (2) Equipment Maintenance Costs. (Provider agencies should note that vehicle operating expenses are to be budgeted within the Travel Category.)

- c. Capital Equipment Costs

Capital equipment costs may be budgeted through one of the following four methods:

- (1) Purchase;
- (2) Rental/Lease;
- (3) Depreciation; and
- (4) Use Allowance.

- d. Equipment Maintenance Costs

- i. To keep equipment at an efficient operating level, various maintenance services may be necessary.
- ii. Maintenance services provided by vendors either under a services subcontract or as random repairs will be budgeted under this sections. Care must be used that costs of maintenance services call do not duplicate maintenance fees provided for in rental agreements. Maintenance costs must be calculated in proportion to the use of the item by the Provider agency in the delivery of contract services.

**7. OTHER**

- a. **Indirect costs** - Indirect costs are those incurred for a common or joint purpose benefiting more than one cost objective or activity and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved.
- b. **Administrative Costs**-Administrative costs are those not directly associated with service provision. Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting and data reporting. By law, no more than 10 percent of the Ryan White project budget can be allocated to administrative costs. Staff activities that are administrative in nature must be allocated to administrative costs. The following are examples of administrative costs:
  - i. Indirect costs, which are allowed only if the Applicant has a negotiated indirect cost rate approved by the recognized Federal agency. A copy of the latest negotiated cost agreement that covers the period for which funds are requested must be submitted at the time of approval of award. Indirect costs are those considered necessary to the operation of the organization and performance of the programs. All indirect costs are subject to the 10 percent limitation on administrative expense.
  - ii. Rent, utilities, and other facility support costs.
  - iii. Personnel costs and fringe benefits of staff members responsible for the management of the project such as the Project Director.

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- iv. Telecommunications, including telephone, fax, pager (non direct service)
- v. Postage (non direct service)
- vi. Liability insurance
- vii. Office supplies
- viii. Audits
- ix. Payroll/accounting services
- x. Computer hardware/software
- xi. Data collection activities related to data collection requirements, including the CARE Act Data Report (CADR), unduplicated Title II client-level data, and other reports.

**ATTACHMENT NO.: 7**  
**BUDGET WORKSHEET**  
**RFGA NO. HR754081**

<b>1. <u>Personnel</u></b> (use additional pages, if necessary)			Total
Salary FTE %	Position/Title	Name of Employee	for % Allocated
			\$
<b>TOTAL</b>			\$
<b>2. <u>Employee Related Expenses</u></b>			
Item	Basis		
FICA			\$
Unemployment Insurance			\$
Worker's Compensation			\$
Retirement			\$
Life Insurance			\$
Health Insurance			\$
<b>TOTAL</b>			\$
<b>3. <u>Professional and Outside Services</u></b>			
Item	Basis		
			\$
<b>TOTAL</b>			\$
<b>4. <u>Travel Expenses</u></b>			
Item	Basis		
			\$
<b>TOTAL</b>			\$
<b>5. <u>Other Operating</u></b>			
Item	Basis		
			\$
<b>TOTAL</b>			\$
<b>6. <u>Capital Outlay Expenses</u></b>			
Item	Basis		
			\$
<b>TOTAL</b>			\$
<b>7. <u>Other</u></b>			
Item	Basis		
			\$
<b>TOTAL</b>			\$
<b>GRAND TOTAL</b>			\$

**ATTACHMENT NO.: 8**  
**APPLICANT'S CHECKLIST**  
**RFGA NO. HR754081**

**Instructions:** Applicants must submit the items listed below. In the column titled "Applicant's Page Number", the Applicant must enter the appropriate page number(s) from its Application where the ADHS evaluators may find the Applicant's response to that requirement.

Required Item	RFGA Reference	Applicant's Application Page No.
1. <u>1</u> Original and <u>5</u> Copies of Application Package	Page 11, Number 3	
2. Application and Award Form Signed	Page 3	
3. Terms and Conditions	Page 13-17	
4. Executive Summary	Page 11, 3D	
5. Tasks – Methodologies	Page 18-20, Tasks 1-5	
1 Needs & Resources	Page 18, Task 1	
2 Goals and Outcome Objectives	Page 18 & 19, Task 2	
3 Strategies/Approaches	Page 19, Task 3	
4 Implementation Plan / Organizational Capacity	Page 19 & 20, Task 4	
5 Programmatic Evaluation Plan	Page 20, Task 5	
6 Resources and Budget	Page 21, Task 6	
6. Contact Information	Page 22, Item 11 b & c	
7. Price Sheet/Fee Schedule	Page 23	
8. Attachments 1 through 8	Pages 24 – 36	
9. Applicant's Checklist (Attachment 8)	Page 36	

<p style="text-align: center;"><b>EXHIBIT 1</b> <b><u>CONTRACTOR'S EXPENDITURE REPORT INSTRUCTIONS</u></b> <b>RFGA NO. HR754081</b></p>
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**Contractor's Expenditure and Requirement Report Instructions**

This is a multi-purpose form for use by agencies that have a Negotiated Service Contract with the Arizona Department of Health Services. It should be filled out, signed by an authorized person and mailed to the Department not later than the 15<sup>th</sup> day of the month following the expenditure period or in accordance with the contract. Later submission will delay the allotment of contract funds for the following month.

1. Contract Number
2. Contractor's Name
3. Title of program
4. Reporting Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

A. Check appropriate box:

- ☐ Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Contract Period.
- ☐ Fixed Price – reimbursement type contract.

B. Check appropriate box.

5. Detailed statement of expenditures (Cost Reimbursement)

- ITEM a. Approved budget indicates the total budget for the current contract term. The Line Item Budget per the contract price sheet must be shown.
- ITEM b. Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.
- ITEM c. Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.
- ITEM d. Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).

6. Detailed Statement of Fixed Price Contracts

A. Type of Unit – From unit description/deliverable on price sheet.

- ITEM 1. Rate per Unit from contract price sheet.
- ITEM 2. Number of Units Provided for the current Reporting Period.
- ITEM 3. Item (1) times Item (2) = Total Funds Earned this Reporting Period.
- ITEM 4. Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.
- ITEM 5. Item (3) plus Item (4) = Total Year to Date Funds Earned.

7. Contractor Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, the Chief Executive Officer must sign and date the report. Only an original signature will be accepted.

**Arizona Department of Health Services**  
Accounting/Contracts  
1740 W. Adams Street  
Phoenix, Arizona 85007

1. Contract Number \_\_\_\_\_ P.O. # \_\_\_\_\_

P.O. #

2. Contractor Name

3. Title of Program

4. Reporting Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

☐ Fixed Price

**4B.** ☐ Periodic Report

☐ FINAL REPORT**Invoice #**

5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget	Prior Report Period Year to Date Expenditures	Current Reporting Period Expenditures	Total Year to Date Expenditures
A. Account Classification:		( a )	( b )	( c )	( d )
Personal Services and ERE		\$ -	\$ -	\$ -	\$ -
Professional and Outside Services		\$ -	\$ -	\$ -	\$ -
Travel Expenses		\$ -	\$ -	\$ -	\$ -
Other Operating Expense		\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense		\$ -	\$ -	\$ -	\$ -
Other		\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -

## Rate per Unit

Number of Units Provided  
this Reporting Period

Total Funds Earned the Reporting Period

Prior Report Period Year to  
Date Funds Earned

Total Year to Date Funds  
Earned

**A. Type of Unit:**

( 1 )

(2)

( 3 )

( 4 )

( 5 )

TOTAL

**ADHS USE ONLY**

**THIS SECTION FOR ADHS ACCOUNTING USE ONLY**

**ADHS PROGRAM COORDINATOR CERTIFICATION:**

☐ Performance satisfactory for payment☐ Performance unsatisfactory, withhold payment☐ No payment due

PROGRAM COORDINATOR SIGNATURE/DATE

Total Expenditures or total Fixed Price

Adj (if required):

Less: Year to date payments

Adj (if required):

Net payment due:

## Index

PCA

AY

Amount

## 7. CONTRACTOR CERTIFICATION

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE